
HOUSE BILL No. 1545

DIGEST OF INTRODUCED BILL

Citations Affected: IC 6-8-11-12; IC 27-1; IC 27-8-16; IC 35-43-5-1.

Synopsis: Third party administrators. Amends the law concerning insurance administrators and provides for reciprocity in the licensure of insurance administrators. Removes a provision requiring a surplus lines producer to maintain a bond. Repeals a provision requiring a foreign or an alien insurance company to file an annual condensed statement of the insurer's assets and liabilities. Makes conforming amendments and a technical change.

Effective: July 1, 2003.

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January 16, 2003, read first time and referred to Committee on Insurance, Corporations and Small Business.

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First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

HOUSE BILL No. 1545

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 6-8-11-12 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 12. The following may
3 be an account administrator under this chapter:

4 (1) A federal or state chartered:

5 (A) bank;

6 (B) savings association;

7 (C) savings bank; or

8 (D) credit union.

9 (2) A trust company authorized to act as a fiduciary.

10 (3) An insurance company or a health maintenance organization
11 authorized to do business in Indiana under IC 27.

12 (4) A broker-dealer, an agent, or an investment advisor registered
13 under IC 23-2-1.

14 (5) A person (A) that holds a certificate of registration is licensed
15 as an insurance administrator or

16 (B) for whom the insurance commissioner has waived the
17 requirement of a certificate of registration as an insurance



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1 administrator;

2 under ~~IC 27-1-25-11~~; **IC 27-1-25**.

3 (6) An employee welfare benefit plan that is governed by the
4 federal Employee Retirement Income Security Act, 29 U.S.C.
5 1001 et seq.

6 (7) An employer that participates in the medical care savings
7 account program.

8 SECTION 2. IC 27-1-15.8-4, AS ADDED BY P.L.132-2001,
9 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10 JULY 1, 2003]: Sec. 4. ~~(a) During the period that a surplus lines~~
11 ~~producer's license is in effect, the licensee shall keep in force a bond in~~
12 ~~the penal sum of not less than twenty thousand dollars (\$20,000) with~~
13 ~~an authorized corporate surety approved by the commissioner. The~~
14 ~~aggregate liability of the surety for any and all claims on a bond does~~
15 ~~not exceed the penal sum of the bond. A bond may not be terminated~~
16 ~~unless written notice of termination is provided by the surety to the~~
17 ~~licensee and the commissioner not less than thirty (30) days before~~
18 ~~termination. Upon termination of a license for which a bond was in~~
19 ~~effect, the commissioner shall notify the surety of the termination~~
20 ~~within ten (10) business days. All surety protection under this section~~
21 ~~inures to the benefit of the state of Indiana to assure the payment of all~~
22 ~~premium taxes.~~

23 (b) A surplus lines producer shall, at the time of an initial filing
24 under subsection (c), file with the commissioner proof of the bond in
25 the amount required under subsection (a). In each subsequent calendar
26 year, the surplus lines producer shall file proof that the bond remains
27 in effect. A subsequent filing under this subsection shall be made in
28 conjunction with the annual filing required under subsection (c).

29 ~~(c)~~ (a) In addition to all other charges, fees, and taxes that may be
30 imposed by law, a surplus lines producer licensed under this chapter
31 shall, on or before February 1 and August 1 of each year, collect from
32 the insured and remit to the department for the use and benefit of the
33 state of Indiana an amount equal to two and one-half percent (2 1/2%)
34 of all gross premiums upon all policies and contracts procured by the
35 surplus lines producer under the provisions of this section during the
36 preceding six (6) month period ending December 31 and June 30,
37 respectively. The declarations page of a policy referred to in this
38 subsection must itemize the amounts of all charges for taxes, fees, and
39 premiums.

40 ~~(d)~~ (b) A licensed surplus lines producer shall execute and file with
41 the department of insurance on or before the twentieth day of each
42 month an affidavit that specifies all transactions, policies, and contracts

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procured during the preceding calendar month, including:

- (1) the description and location of the insured property or risk and the name of the insured;
- (2) the gross premiums charged in the policy or contract;
- (3) the name and home office address of the insurer whose policy or contract is issued, and the kind of insurance effected; and
- (4) a statement that:

(A) the licensee, after diligent effort, was unable to procure from any insurer authorized to transact the particular class of insurance business in Indiana the full amount of insurance required to protect the insured; and

(B) the insurance placed under this chapter is not placed for the purpose of procuring it at a premium rate lower than would be accepted by an insurer authorized and licensed to transact insurance business in Indiana.

~~(c)~~ (c) A licensed surplus lines producer shall file with the department, not later than March 31 of each year, the financial statement, dated as of December 31 of the preceding year, of each unauthorized insurer from whom the surplus lines producer has procured a policy or contract. The insurance commissioner may, in the commissioner's discretion, after reviewing the financial statement of the unauthorized insurer, order the surplus lines producer to cancel an unauthorized insurer's policies and contracts if the commissioner is of the opinion that the financial statement or condition of the unauthorized insurer does not warrant continuance of the risk.

~~(d)~~ (d) A licensed surplus lines producer shall keep a separate account of all business transacted under this section. The account may be inspected at any time by the commissioner or the commissioner's deputy or examiner.

~~(e)~~ (e) An insurer that issues a policy or contract to insure a risk under this section is considered to have appointed the commissioner as the insurer's attorney upon whom process may be served in Indiana in any suit, action, or proceeding based upon or arising out of the policy or contract.

~~(f)~~ (f) The commissioner may revoke or refuse to renew a surplus lines producer's license for failure to comply with this section.

~~(g)~~ (g) A surplus lines producer licensed under this chapter may accept and place policies or contracts authorized under this section for an insurance producer duly licensed in Indiana, and may compensate the insurance producer even though the insurance producer is not licensed under this chapter.

~~(h)~~ (h) If a surplus lines producer does not remit an amount due to

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the department within the time prescribed in subsection (c), the commissioner shall assess the surplus lines producer a penalty of ten percent (10%) of the amount due. The commissioner shall assess a further penalty of an additional one percent (1%) of the amount due for each month or portion of a month that any amount due remains unpaid after the first month. Penalties assessed under this subsection are payable by the surplus lines producer and are not collectible from an insured.

SECTION 3. IC 27-1-25-1, AS AMENDED BY P.L.132-2001, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1. As used in this chapter:

(a) "Administrator", except as provided in section 7.5 of this chapter, means a person who **directly or indirectly underwrites**, collects charges or premiums from, or ~~who~~ adjusts or settles claims on residents of Indiana in connection with life, **annuity**, or health coverage ~~or annuities, whether offered or provided for~~ by an insurer. ~~or a self-funded plan.~~ The term "administrator" does not include the following persons:

(1) An employer ~~for its or a wholly owned direct or indirect subsidiary of an employer acting on behalf of the employees or for the employees of:~~ a

(A) **the employer;**

(B) **the subsidiary; or**

(C) **an affiliated corporation of the employer.**

(2) A union **acting** for its members.

(3) An insurer. ~~including:~~

(A) ~~an insurer operating a health maintenance organization or a limited service health maintenance organization; and~~

(B) ~~the sales representative of an insurer operating a health maintenance organization or a limited service health maintenance organization when that sales representative is licensed in Indiana and when it is engaged in the performance of its duties as the sales representative.~~

(4) ~~A life or health~~ **An insurance agent producer:**

(A) **that is** licensed under IC 27-1-15.6;

(B) **that has:**

(i) **a life; or**

(ii) **an accident and health or sickness;**

qualification under IC 27-1-15.6-7; and

(C) **whose activities are limited exclusively to the sale of insurance.**

(5) A creditor **acting** for its debtors regarding insurance covering

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a debt between them.

(6) A trust established under 29 U.S.C. 186 and the trustees, agents, and employees acting pursuant to that trust.

(7) A trust that is exempt from taxation under Section 501(a) of the Internal Revenue Code and:

(A) the trustees and employees acting pursuant to that trust; or

(B) a custodian and the agents and employees of the custodian acting pursuant to a custodian account that meets the requirements of Section 401(f) of the Internal Revenue Code.

(8) A financial institution that is subject to supervision or examination by federal or state banking authorities **to the extent that the financial institution collects and remits premiums to an insurance producer or an authorized insurer in connection with a loan payment.**

(9) A credit card issuing company that:

(A) advances for; and

(B) collects **from, when a credit card holder authorizes the collection;**

credit card holders of the credit card issuing company, insurance premiums or charges. from its credit cardholders as long as that company does not adjust or settle claims.

(10) ~~An individual who~~ **A person that** adjusts or settles claims in the normal course of ~~his~~ **the person's** practice or employment as an attorney at law and ~~who~~ **that** does not collect charges or premiums in connection with life, **annuity,** or health ~~insurance~~ coverage. ~~or annuities.~~

(11) A health maintenance organization that has a certificate of authority issued under IC 27-13.

(12) A limited service health maintenance organization that has a certificate of authority issued under IC 27-13.

(13) A mortgage lender to the extent that the mortgage lender collects and remits premiums to an insurance producer or an authorized insurer in connection with a loan payment.

(14) A person that:

(A) is licensed as a managing general agent as required under IC 27-1-33; and

(B) acts exclusively within the scope of activities provided for under the license referred to in clause (A).

(15) A person that:

(A) directly or indirectly underwrites, collects charges or premiums from, or adjusts or settles claims on residents of Indiana in connection with life, annuity, or health coverage

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provided by an insurer;

(B) is affiliated with the insurer; and

(C) performs the duties specified in clause (A) only according to a contract between the person and the insurer for the direct and assumed life, annuity, or health coverage provided by the insurer.

(b) "Certificate of registration" refers to the certificate required by section 11 of this chapter.

(b) "Affiliate" means an entity or a person that:

(1) directly or indirectly through an intermediary controls or is controlled by; or

(2) is under common control with;

a specified entity or person.

(c) "Church plan" has the meaning set forth in IC 27-8-10-1.

(d) "Commissioner" refers to the insurance commissioner of insurance appointed under IC 27-1-1-2.

(d) (e) "Control" means the direct or indirect possession of the power to direct or cause the direction of the management and policies of a person, whether:

(1) through ownership of voting securities;

(2) by contract other than a commercial contract for goods or nonmanagement services; or

(3) otherwise;

unless the power is the result of an official position with the person or a corporate office held by the person. Control is presumed to exist if a person directly or indirectly owns, controls, holds with the power to vote, or holds proxies representing not less than ten percent (10%) of the voting securities of another person.

(f) "Covered individual" means an individual who is covered under a benefit program provided by an insurer.

(g) "Financial institution" means a bank, savings association, credit union, or any other institution regulated under IC 28 or federal law.

(e) (h) "GAAP" refers to consistently applied United States generally accepted accounting principles.

(i) "Governmental plan" has the meaning set forth in IC 27-8-10-1.

(j) "Home state" means the District of Columbia or any state or territory of the United States in which an administrator is incorporated or maintains the administrator's principal place of business. If the place in which the administrator is incorporated or maintains the administrator's principal place of business is not governed by a law that is substantially similar to this chapter, the

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1 administrator's home state is another state:

2 (1) in which the administrator conducts the business of the
3 administrator; and

4 (2) that the administrator declares is the administrator's
5 home state.

6 (k) "Insurance producer" has the meaning set forth in
7 IC 27-1-15.6-2.

8 (l) "Insurer" means:

9 (1) a person who obtains a certificate of authority under:

10 (A) IC 27-1-3-20;

11 (B) IC 27-13-3; or

12 (C) IC 27-13-34; or

13 (2) an employer that provides life, health, or annuity coverage
14 in Indiana under a governmental plan or a church plan.

15 (m) "NAIC" refers to the National Association of Insurance
16 Commissioners.

17 (n) "Negotiate" has the meaning set forth in IC 27-1-15.6-2.

18 (o) "Nonresident administrator" means a person that applies
19 for or holds a license under section 12.2 of this chapter.

20 (p) "Person" means an individual; a corporation; a partnership;
21 a limited liability company; or an unincorporated association.

22 (g) "Self-funded plan" means a plan for providing benefits for life,
23 health, or annuity coverage by a person who is not an insurer. has the
24 meaning set forth in IC 27-1-15.6-2.

25 (q) "Sell" has the meaning set forth in IC 27-1-15.6-2.

26 (r) "Solicit" has the meaning set forth in IC 27-1-15.6-2.

27 (s) "Underwrite" refers to the:

28 (1) acceptance of a group application or an individual
29 application for coverage of an individual in accordance with
30 the written rules of the insurer; or

31 (2) planning and coordination of a benefit program provided
32 by an insurer.

33 (t) "Uniform application" means the current version of the
34 NAIC uniform application for third party administrators.

35 SECTION 4. IC 27-1-25-2 IS AMENDED TO READ AS
36 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2. (a) An administrator
37 may act only if there is a written agreement between the administrator
38 and an insurer. employer, employee group, or any other group using the
39 services of an administrator. This agreement must conform to the
40 requirements of sections 4 through 9 of this chapter, which apply to the
41 functions performed by the administrator.

42 (b) An agreement between an administrator and an insurer

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1 ~~employer, employee group, or any other group~~ must be retained by both
 2 parties as part of their official records for a period of not less than five
 3 (5) years after the termination of the agreement.

4 (c) When a policy is issued to a trustee, a copy of the trust
 5 agreement and all amendments to it must be:

6 (1) furnished by the administrator to the insurer ~~employer,~~
 7 ~~employee group, or any other group~~ with which it holds a contract
 8 **the administrator has a written agreement;** and

9 (2) retained as part of the official records of the administrator for
 10 a period of not less than five (5) years after the termination of the
 11 trust.

12 (d) The written agreement **required under subsection (a)** must:

13 **(1) include a statement of functions that the administrator will**
 14 **perform on behalf of the insurer;**

15 **(2) specify the lines, classes, or types of coverage that the**
 16 **administrator is authorized to administer on behalf of the**
 17 **insurer; and**

18 **(3) contain provisions concerning the standard of underwriting**
 19 **required by the insurer. ~~employer, employee group, or any other~~**
 20 **group that is a party to the agreement.**

21 (e) The commissioner may require any written agreement executed
 22 by an administrator and an insurer ~~employer, employee group, or any~~
 23 ~~other group~~ to be filed with the department of insurance at the time the
 24 administrator applies for a ~~certificate of registration, as required by~~
 25 ~~section 11 of license~~ under this chapter. The commissioner may
 26 require any written agreement executed subsequent to the original issue
 27 of the ~~certificate of registration license~~ to the administrator to be filed
 28 with the department at the time the administrator is applying for
 29 renewal of the ~~certificate of registration license~~.

30 **(f) An administrator or insurer may, with written notice,**
 31 **terminate a written agreement for cause as provided in the written**
 32 **agreement. The insurer may suspend the underwriting authority**
 33 **of the administrator during the pendency of a dispute regarding**
 34 **the cause for termination of the written agreement. The insurer**
 35 **shall fulfill lawful obligations with respect to coverage affected by**
 36 **the written agreement, regardless of a dispute described in this**
 37 **subsection.**

38 SECTION 5. IC 27-1-25-3 IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3. (a) If an insurer
 40 utilizes the services of an administrator:

41 (1) ~~the payment to the administrator of premiums or charges for~~
 42 **insurance coverage paid** by or on behalf of the ~~insured covered~~

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individual are ~~presumed~~ **considered** to have been received by the insurer **when paid to the administrator**; and

(2) ~~the payment of~~ claims or return premiums **paid** by the insurer to the administrator are not ~~presumed~~ **considered** to have been paid to the ~~insured~~ **covered individual** or claimant until the payment is received by the ~~insured~~ **covered individual** or claimant.

(b) This section does not limit the rights of an insurer against an administrator resulting from the failure of the administrator to make payments to the insurer, ~~insured parties~~, **covered individuals**, or claimants.

SECTION 6. IC 27-1-25-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 4. (a) ~~For the duration of the agreement and for five (5) years after the termination of an agreement~~, An administrator: ~~or successor administrator~~:

(1) shall maintain at its principal administrative office books and records of all transactions between it ~~the administrator and insurers employers, employee group, or any other group using the services of an administrator~~ for at least five (5) years after the creation of the books and records; or

(2) may transfer the books and records of transactions between the administrator and an insurer with which the administrator has entered into a written agreement under section 2 of this chapter to a new administrator if:

(A) the agreement between the administrator and the insurer is canceled; and

(B) a written agreement for a transfer of the books and records is made between the administrator and the insurer.

If the books and records are transferred to a new administrator under subdivision (2), the new administrator shall acknowledge in writing that the new administrator is responsible for retaining the books and records of the prior administrator as required under subdivision (1). The books and records must be maintained in accordance with generally accepted standards of insurance bookkeeping: record keeping.

(b) The commissioner is entitled to inspect all books and records of the administrator for the purpose of examinations and audits. Trade secrets contained within those books and records, including the identity and addresses of policyholders and certificate holders, are to remain confidential. However, the commissioner may use that confidential information in proceedings instituted against the administrator.

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(c) Any insurer, employer, employee group, or any other group using the services of the administrator is entitled to inspect the books and records of the administrator to the extent necessary for it to fulfill all of its contractual obligations to insured or covered persons. The right of the insurer, employer, employee group, or other group using the services of an administrator under this subsection is subject to any restrictions contained in the written agreement between such party and administrator.

(c) An insurer is the owner of records that:

- (1) are generated by an administrator with which the insurer has entered into a written agreement under section 2 of this chapter; and
- (2) pertain to the insurer.

However, the administrator retains the right to continuing access to books and records necessary to fulfill the administrator's contractual obligations to covered individuals, claimants, and the insurer.

(d) An administrator that is licensed under section 11.1 of this chapter shall make available for inspection by the commissioner copies of written agreements with insurers.

(e) An administrator that is licensed under section 11.1 of this chapter shall:

- (1) produce the administrator's accounts, records, and files for examination; and
- (2) make the administrator's officers available to provide information concerning the affairs of the administrator;

whenever reasonably required by the commissioner.

(f) An administrator that is licensed under section 11.1 of this chapter shall immediately notify the commissioner of a material change in:

- (1) the ownership or control of the administrator; or
- (2) another fact or circumstance that affects the administrator's qualification for a license.

The commissioner, upon receiving notice under this subsection, shall report the change to an electronic data base maintained by the NAIC or an affiliate or a subsidiary of the NAIC.

(g) An administrator that is licensed under section 11.1 of this chapter and that administers a governmental plan or a church plan shall maintain a surety bond:

- (1) for the use and benefit of:
 - (A) the commissioner; and
 - (B) the insurance regulator of any state in which the

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1 administrator is authorized to conduct business; and
 2 (2) that covers an individual and a person that has remitted
 3 premiums, insurance, charges, or other money to the
 4 administrator in the course of the administrator's business;
 5 in an amount equal to the greater of one hundred thousand dollars
 6 (\$100,000) or ten percent (10%) of the total of funds administered
 7 in connection with governmental plans or church plans in Indiana
 8 and all other states in which the administrator is authorized to
 9 conduct business.

10 SECTION 7. IC 27-1-25-5 IS AMENDED TO READ AS
 11 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 5. An administrator
 12 may use advertising relating to the business underwritten by an insurer
 13 only to the extent that the advertising has been approved **in writing** by
 14 that insurer **before the advertising is used**.

15 SECTION 8. IC 27-1-25-5.5 IS ADDED TO THE INDIANA CODE
 16 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 17 1, 2003]: Sec. 5.5. (a) If an insurer uses the services of an
 18 administrator, the insurer is responsible for:

- 19 (1) determining the:
 20 (A) benefits;
 21 (B) premium rates;
 22 (C) underwriting criteria; and
 23 (D) claims payment procedures;
 24 that apply to the coverage; and
 25 (2) securing reinsurance.

26 (b) An insurer shall provide to an administrator, with the
 27 written agreement required under section 2 of this chapter:

- 28 (1) the rules that the administrator must follow in
 29 administering the coverage, as determined under subsection
 30 (a); and
 31 (2) the responsibilities of the administrator as to
 32 administering the coverage.

33 (c) An insurer that uses the services of an administrator has sole
 34 responsibility for the competent administration of benefit
 35 programs provided by the insurer.

36 (d) If an administrator administers benefits for more than one
 37 hundred (100) covered individuals on behalf of an insurer, the
 38 insurer shall, not less than semiannually, review the operations of
 39 the administrator. At least one (1) of the semiannual reviews must
 40 be an onsite audit of the operations of the administrator.

41 SECTION 9. IC 27-1-25-5.6 IS ADDED TO THE INDIANA CODE
 42 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY

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1, 2003]: **Sec. 5.6. The insurer with which an administrator described in section 1(a)(15) of this chapter is affiliated is responsible for:**

(1) the acts of the administrator; and

(2) providing the administrator's books and records to the commissioner.

SECTION 10. IC 27-1-25-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 6. (a) An administrator is a fiduciary in collecting or returning premiums or charges for the **party insurer** with whom it has a written agreement for administrative services.

(b) Funds collected by the administrator shall be immediately remitted to the person entitled to the funds or deposited in a fiduciary **bank** account, which shall be established and maintained by the administrator **in a federally insured or state insured financial institution.**

(c) The administrator shall maintain records clearly showing the deposits and withdrawals from the fiduciary **bank** account for each **party insurer** with whom it has a written agreement for administrative services. The administrator shall furnish to the **party insurer:**

(1) upon his the insurer's request, copies of the required records; and

(2) at intervals specified in the written agreement, a periodic accounting of transactions performed by the administrator pertaining to the business underwritten by the insurer.

(d) Subject to the written agreement required by section 2 of this chapter, withdrawals from the fiduciary **bank** account shall only be made for the following:

(1) Remittance to an insurer entitled to the funds.

(2) Deposit in an account maintained in the name of the **party insurer** with whom the administrator has a written agreement.

(3) Transfer to and deposit in a claims paying account, with claims to be paid as required under section 7 of this chapter.

(4) Payment to a group policyholder for remittance to the insurer entitled to the funds.

(5) Payment to the administrator for its commission, fees, or charges.

(6) Remittance of return premiums to the person entitled to the funds.

(e) An administrator may not pay any claim with money withdrawn from a fiduciary account established under subsection (b) in which premiums or charges are deposited.

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SECTION 11. IC 27-1-25-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 7. All claims paid by an administrator from funds collected on behalf of an insurer shall only be paid on drafts **or checks** authorized by the insurer. ~~All claims paid by the administrator from funds collected on behalf of an employer, an employee group, or any other group shall only be paid on drafts authorized by that party.~~

SECTION 12. IC 27-1-25-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 8. ~~When an administrator adjusts or settles claims under a policy the administrator's compensation for that policy may not be contingent on claim experience. However, the compensation for an administrator may be based on premiums or charges collected or on the number of claims paid or processed.~~ (a) **An administrator may not enter into an agreement or understanding with an insurer if the effect of the agreement or understanding is to make the amount of a:**

- (1) commission;
- (2) fee; or
- (3) charge;

that is payable to the administrator contingent on savings effected in the adjustment, settlement, and payment of losses covered by the insurer's obligations.

(b) This section does not prevent an administrator from receiving performance based compensation for providing hospital auditing services or other auditing services.

SECTION 13. IC 27-1-25-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 9. Policies, certificates, booklets, termination notices, or other written communications delivered by an insurer to an administrator for delivery to its ~~policyholders~~ **covered individuals** shall be delivered by the administrator promptly after receipt of instructions from the insurer to do so.

SECTION 14. IC 27-1-25-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 10. (a) An administrator having a written agreement with an insurer shall provide written notice, which must first be approved by the insurer, to ~~the insured~~ **covered** persons advising them of the relationship among the administrator, the ~~policyholder~~ **covered person**, and the insurer.

~~(b) An administrator having a written agreement with an employer, an employee group, or any other group shall provide written notice, which must first be approved by that party, to the insured persons advising them of the relationship among the administrator, the~~

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1 policyholder, and the employer, the employee group, or any other
2 group.

3 (c) (b) When the administrator collects premiums or charges, the
4 administrator shall state separately the amount of any premium or
5 charge for insurance coverage specified by the insurer to the person
6 paying the premium or charge. **Additional charges may not be made**
7 **for a service to the extent that the charge for the service has been**
8 **paid by the insurer.**

9 (c) The administrator shall disclose to the insurer:

10 (1) charges;

11 (2) fees; and

12 (3) commissions;

13 received by the administrator in connection with the provision of
14 administrative services for the insurer, including fees or
15 commissions paid by insurers that provide reinsurance.

16 SECTION 15. IC 27-1-25-11.1 IS ADDED TO THE INDIANA
17 CODE AS A NEW SECTION TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2003]: Sec. 11.1. (a) If the home state of a
19 person is Indiana, the person shall:

20 (1) apply to act as an administrator in Indiana upon the
21 uniform application; and

22 (2) receive a license from the commissioner;

23 before performing the function of an administrator in Indiana.

24 (b) The uniform application must include or be accompanied by
25 the following:

26 (1) Basic organizational documents of the applicant,
27 including:

28 (A) articles of incorporation;

29 (B) articles of association;

30 (C) partnership agreement;

31 (D) trade name certificate;

32 (E) trust agreement;

33 (F) shareholder agreement;

34 (G) other applicable documents; and

35 (H) amendments to the documents specified in clauses (A)
36 through (G).

37 (2) Bylaws, rules, regulations, or other documents that
38 regulate the internal affairs of the applicant.

39 (3) The NAIC biographical affidavits for individuals who are
40 responsible for the conduct of affairs of the applicant,
41 including:

42 (A) members of the applicant's:

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- 1 (i) board of directors;
- 2 (ii) board of trustees;
- 3 (iii) executive committee; or
- 4 (iv) other governing board or committee;
- 5 (B) principal officers, if the applicant is a corporation;
- 6 (C) partners or members, if the applicant is:
 - 7 (i) a partnership;
 - 8 (ii) an association; or
 - 9 (iii) a limited liability company;
- 10 (D) shareholders or members that hold, directly or
- 11 indirectly, at least ten percent (10%) of the:
 - 12 (i) voting stock;
 - 13 (ii) voting securities; or
 - 14 (iii) voting interest;
- 15 of the applicant; and
- 16 (E) any other person who exercises control or influence
- 17 over the affairs of the applicant.
- 18 (4) Financial information reflecting a positive net worth,
- 19 including:
 - 20 (A) audited annual financial statements prepared by an
 - 21 independent certified public accountant for the two (2)
 - 22 most recent fiscal years; or
 - 23 (B) if the applicant has been in business for less than two
 - 24 (2) fiscal years, financial statements or reports that are:
 - 25 (i) prepared in accordance with GAAP; and
 - 26 (ii) certified by an officer of the applicant;
 - 27 for any completed fiscal years and for any month during
 - 28 the current fiscal year for which financial statements or
 - 29 reports have been completed.
- 30 If an audited financial statement or report required under
- 31 clause (A) or (B) is prepared on a consolidated basis, the
- 32 statement or report must include a columnar consolidating or
- 33 combining worksheet that includes the amounts shown on the
- 34 consolidated audited financial statement or report, separately
- 35 reported on the worksheet for each entity included on the
- 36 statement or report, and an explanation of consolidating and
- 37 eliminating entries.
- 38 (5) Information determined by the commissioner to be
- 39 necessary for a review of the current financial condition of the
- 40 applicant.
- 41 (6) A description of the business plan of the applicant,
- 42 including:

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- 1 (A) information on staffing levels and activities proposed
- 2 in Indiana and nationwide; and
- 3 (B) details concerning the applicant's ability to provide a
- 4 sufficient number of experienced and qualified personnel
- 5 for:
- 6 (i) claims processing;
- 7 (ii) record keeping; and
- 8 (iii) underwriting.
- 9 (7) Any other information required by the commissioner.
- 10 (c) An administrator that applies for licensure under this section
- 11 shall make copies of written agreements with insurers available for
- 12 inspection by the commissioner.
- 13 (d) An administrator that applies for licensure under this
- 14 section shall:
- 15 (1) produce the administrator's accounts, records, and files
- 16 for examination; and
- 17 (2) make the administrator's officers available to provide
- 18 information concerning the affairs of the administrator;
- 19 whenever reasonably required by the commissioner.
- 20 (e) The commissioner may refuse to issue a license under this
- 21 section if the commissioner determines that:
- 22 (1) the administrator or an individual who is responsible for
- 23 the conduct of the affairs of the administrator:
- 24 (A) is not:
- 25 (i) competent;
- 26 (ii) trustworthy;
- 27 (iii) financially responsible; or
- 28 (iv) of good personal and business reputation; or
- 29 (B) has had an:
- 30 (i) insurance certificate of authority or insurance license;
- 31 or
- 32 (ii) administrator certificate of authority or
- 33 administrator license;
- 34 denied or revoked for cause by any jurisdiction;
- 35 (2) the financial information provided under subsection (b)(4)
- 36 does not reflect that the applicant has a positive net worth; or
- 37 (3) any of the grounds set forth in section 12.4 of this chapter
- 38 exists with respect to the administrator.
- 39 (f) An administrator that applies for a license under this section
- 40 shall immediately notify the commissioner of a material change in:
- 41 (1) the ownership or control of the administrator; or
- 42 (2) another fact or circumstance that affects the

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1 administrator's qualification for a license.

2 The commissioner, upon receiving notice under this subsection,
3 shall report the change to an electronic data base maintained by
4 the NAIC or an affiliate or a subsidiary of the NAIC.

5 (g) An administrator that applies for a license under this section
6 and will administer a governmental plan or a church plan shall
7 obtain a surety bond as required under section 4(g) of this chapter.

8 (h) A license that is issued under this section is valid until:

9 (1) the license is:

10 (A) surrendered; or

11 (B) suspended or revoked by the commissioner; or

12 (2) the administrator:

13 (A) ceases to do business in Indiana; or

14 (B) is not in compliance with this chapter.

15 SECTION 16. IC 27-1-25-12.2 IS ADDED TO THE INDIANA
16 CODE AS A NEW SECTION TO READ AS FOLLOWS
17 [EFFECTIVE JULY 1, 2003]: Sec. 12.2. (a) An administrator that:

18 (1) performs the duties of an administrator in Indiana; and

19 (2) does not hold a license issued under section 11.1 of this
20 chapter;

21 shall obtain a nonresident administrator license under this section
22 by filing a uniform application with the commissioner.

23 (b) Unless the commissioner verifies the nonresident
24 administrator's home state license status through an electronic
25 data base maintained by the NAIC or by an affiliate or a subsidiary
26 of the NAIC, a uniform application filed under subsection (a) must
27 be accompanied by a letter of certification from the nonresident
28 administrator's home state, verifying that the nonresident
29 administrator holds a resident administrator license in the home
30 state.

31 (c) A nonresident administrator is not eligible for a nonresident
32 administrator license under this section unless the nonresident
33 administrator is licensed as a resident administrator in a home
34 state that has a law or regulation that is substantially similar to
35 this chapter.

36 (d) Except as provided in subsections (b) and (h), the
37 commissioner shall issue a nonresident administrator license to a
38 nonresident administrator that makes a filing under subsections (a)
39 and (b) upon receipt of the filing.

40 (e) Unless a nonresident administrator is notified by the
41 commissioner that the commissioner is able to verify the
42 nonresident administrator's home state licensure through an

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1 electronic data base described in subsection (b), the nonresident
2 administrator shall:

3 (1) on September 15 of each year, file a statement with the
4 commissioner affirming that the nonresident administrator
5 maintains a current license in the nonresident administrator's
6 home state; and

7 (2) pay a filing fee as required by the commissioner.

8 (f) A nonresident administrator that applies for licensure under
9 this section shall:

10 (1) produce the accounts of the nonresident administrator;

11 (2) produce the records and files of the nonresident
12 administrator for examination; and

13 (3) make the officers of the nonresident administrator
14 available to provide information with respect to the affairs of
15 the nonresident administrator;

16 when reasonably required by the commissioner.

17 (g) A nonresident administrator is not required to hold a
18 nonresident administrator license in Indiana if the nonresident
19 administrator's function in Indiana is limited to the administration
20 of life, health, or annuity coverage for a total of not more than one
21 hundred (100) Indiana residents.

22 (h) The commissioner may refuse to issue or may delay the
23 issuance of a nonresident administrator license if the commissioner
24 determines that:

25 (1) due to events occurring; or

26 (2) based on information obtained;

27 after the nonresident administrator's home state's licensure of the
28 nonresident administrator, the nonresident administrator is unable
29 to comply with this chapter or grounds exist for the home state's
30 revocation or suspension of the nonresident administrator's home
31 state license.

32 (i) If the commissioner makes a determination described in
33 subsection (h), the commissioner:

34 (1) shall provide written notice of the determination to the
35 insurance regulator of the nonresident administrator's home
36 state; and

37 (2) may delay the issuance of a nonresident administrator
38 license to the nonresident administrator until the
39 commissioner determines that the nonresident administrator
40 is able to comply with this chapter and that grounds do not
41 exist for the home state's revocation or suspension of the
42 nonresident administrator's home state license.

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SECTION 17. IC 27-1-25-12.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: **Sec. 12.3. (a) An administrator that is licensed under section 11.1 of this chapter shall, not later than July 1 of each year unless the commissioner grants an extension of time for good cause, file a report for the previous calendar year that complies with the following:**

(1) The report must contain financial information reflecting a positive net worth prepared in accordance with section 11.1(b)(4) of this chapter.

(2) The report must be in the form and contain matters prescribed by the commissioner.

(3) The report must be verified by at least two (2) officers of the administrator.

(4) The report must include the complete names and addresses of insurers with which the administrator had a written agreement during the preceding fiscal year.

(5) The report must be accompanied by a filing fee determined by the commissioner.

(b) The commissioner shall review a report filed under subsection (a) not later than September 1 of the year in which the report is filed. Upon completion of the review, the commissioner shall:

(1) issue a certification to the administrator:

(A) indicating that:

(i) the financial statement reflects a positive net worth; and

(ii) the administrator is currently licensed and in good standing; or

(B) noting deficiencies found in the report; or

(2) update an electronic data base that is maintained by the NAIC or by an affiliate or a subsidiary of the NAIC:

(A) indicating that the administrator is solvent and in compliance with this chapter; or

(B) noting deficiencies found in the report.

SECTION 18. IC 27-1-25-12.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: **Sec. 12.4. (a) The commissioner shall deny, suspend, or revoke a license issued under this chapter if the commissioner determines that the administrator:**

(1) is in unsound financial condition;

(2) engages in methods or practices in the conduct of the



1 administrator's business so as to render the administrator's
 2 continued transaction of business in Indiana hazardous or
 3 injurious to covered persons or the public; or
 4 (3) fails to pay a judgment rendered against the administrator
 5 in Indiana not more than sixty (60) days after the judgment is
 6 final.

7 (b) The commissioner may deny, suspend, or revoke a license
 8 issued under this chapter if the commissioner determines that:

9 (1) the administrator has violated a lawful rule or order of the
 10 commissioner or a provision of the insurance laws of Indiana;
 11 (2) the administrator refuses to be examined or to produce the
 12 administrator's accounts, records, and files for examination;
 13 (3) an individual who is responsible for the conduct of the
 14 affairs of the administrator, including:

15 (A) a member of the administrator's:

- 16 (i) board of directors;
- 17 (ii) board of trustees;
- 18 (iii) executive committee; or
- 19 (iv) other governing board or committee;

20 (B) a principal officer, if the administrator is a
 21 corporation;

22 (C) a partner or member, if the administrator is:

- 23 (i) a partnership;
- 24 (ii) an association; or
- 25 (iii) a limited liability company;

26 (D) a shareholder or member that holds, directly or
 27 indirectly, ten percent (10%) or more of the:

- 28 (i) voting stock;
- 29 (ii) voting securities; or
- 30 (iii) voting interest;

31 of the administrator; or

32 (E) any other person who exercises control or influence
 33 over the affairs of the administrator;

34 refuses to provide information with respect to the
 35 administrator's business or to perform another legal
 36 obligation with respect to an examination when required by
 37 the commissioner;

38 (4) the administrator, without just cause:

39 (A) refuses to pay proper claims or to perform services
 40 arising under a written agreement;

41 (B) causes a covered individual to accept less than the
 42 amount due to the covered individual; or



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(C) causes a covered individual to employ an attorney or bring suit against the administrator to secure full payment or settlement of a proper claim;

(5) the administrator fails to meet a qualification for which issuance of the administrator's license could have been refused if the failure had existed and been known by the commissioner at the time of license issuance;

(6) an individual who is responsible for the conduct of the affairs of the administrator, including:

(A) a member of the administrator's:

(i) board of directors;

(ii) board of trustees;

(iii) executive committee; or

(iv) other governing board or committee;

(B) a principal officer, if the administrator is a corporation;

(C) a partner or member, if the administrator is:

(i) a partnership;

(ii) an association; or

(iii) a limited liability company;

(D) a shareholder or member that holds, directly or indirectly, ten percent (10%) or more of the:

(i) voting stock;

(ii) voting securities; or

(iii) voting interest;

of the administrator; or

(E) any other person who exercises control or influence over the affairs of the administrator;

is convicted of or enters a plea of guilty or nolo contendere to a felony, without regard to whether adjudication is withheld;

(7) the administrator's license has been suspended or revoked in another state; or

(8) the administrator fails to timely file the:

(A) report required under section 12.3 of this chapter; or

(B) statement and pay the filing fee required under section 12.2(e) of this chapter.

(c) The commissioner may, in the commissioner's discretion and without advance notice or hearing, immediately suspend the license of an administrator if the commissioner finds one (1) or more of the following:

(1) The administrator is insolvent or financially impaired.

(2) A proceeding for receivership, conservatorship,

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rehabilitation, or other delinquency proceeding regarding the administrator has been commenced in any state.

(3) The financial condition or business practices of the administrator pose an imminent threat to the public health, safety, or welfare of residents of Indiana.

(d) If the commissioner determines that cause exists for the suspension or revocation of a license issued under this chapter, the commissioner may, instead of suspension or revocation, impose a civil penalty not to exceed twenty-five thousand dollars (\$25,000) per act or violation upon the administrator. A civil penalty imposed under this subsection may be enforced in the same manner as a civil judgment. Civil penalties collected under this subsection shall be deposited in the state general fund.

SECTION 19. IC 27-1-25-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 13. (a) Except as provided by section 4(b) of this chapter, and except that all provisions of the written agreement between the administrator and an insurer employer, employee group, or any other group using the services of an administrator shall be treated by the commissioner as confidential and shall not be open to any member of the public for inspection or copying, all documents submitted to the commissioner under this chapter are public documents:

(1) when filed by the commissioner; or

(2) thirty (30) days after their receipt by the department.

(b) Any financial information concerning an administrator submitted by an administrator to the commissioner must remain confidential and is not open to any member of the public for inspection or copying. However, the commissioner may use the financial information in a proceeding under section ~~11(b)~~ **12.4** of this chapter.

SECTION 20. IC 27-1-25-15 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 15. (a) An administrator acting without the certificate of registration required under section ~~11~~ of a license issued under this chapter commits a Class C infraction.

(b) The commissioner shall notify the prosecuting attorney or the attorney general of Indiana of violations under subsection (a).

SECTION 21. IC 27-1-25-16 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 16. (a) A presumption of control arising under section 1(e) of this chapter may be rebutted by a showing made in the manner provided under IC 27-1-23-3(k) that control does not exist in fact.



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(b) In the absence of a presumption that control exists in fact, the commissioner may determine that control exists in fact after:

- (1) providing notice and an opportunity to be heard under IC 4-21.5 to all interested parties; and
- (2) making specific findings of fact to support the determination.

SECTION 22. IC 27-8-16-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1. (a) As used in this chapter, "claim review agent" means any entity performing medical claims review on behalf of an insurance company, a health maintenance organization, or another benefit program providing payment, reimbursement, or indemnification for health care costs to an enrollee.

(b) The term does not include the following:

- (1) An insurance company authorized under IC 27-1-3 or IC 27-1-17 to do business in Indiana or the company's affiliated companies.
- (2) An entity acting on behalf of the federal or state government. However, an agent described in this subdivision who performs medical claims review for a person other than the federal or state government is a claim review agent who is subject to the requirements of this chapter.
- (3) A health maintenance organization or limited service health maintenance organization that holds a certificate of authority to operate under IC 27-13.
- (4) An insurance administrator that ~~holds a certificate of registration issued is licensed~~ under IC 27-1-25.
- (5) An individual qualified and acting as an expert witness under the Indiana Rules of Trial Procedure.

SECTION 23. IC 27-8-16-1.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1.5. (a) As used in this chapter, "claim review consultant" means a person who:

- (1) makes a recommendation or provides consultation to:
 - (A) an entity engaged in performing medical claims review; or
 - (B) an insurance company, a health maintenance organization, or another benefit program providing payment, reimbursement, or indemnification for health care costs to an enrollee;
 concerning the appropriateness of a health care service or the amount charged for a health care service delivered to an enrollee in Indiana; and
- (2) is not an employee of an entity referred to in subdivision



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- 1 (1)(A) or (1)(B).
- 2 (b) Making a recommendation or providing consultation concerning
- 3 a health care service does not render a person a claim review consultant
- 4 under this section if the recommendation or consultation concerns:
- 5 (1) coverage provided; or
- 6 (2) medical services rendered;
- 7 under IC 22.
- 8 (c) The term "claim review consultant" does not include the
- 9 following:
- 10 (1) An insurance company authorized under IC 27 to do business
- 11 in Indiana.
- 12 (2) An entity acting on behalf of the federal or state government.
- 13 However, an agent described in this subdivision who performs
- 14 medical claims review for a person other than the federal or state
- 15 government is a claim review agent who is subject to the
- 16 requirements of this chapter.
- 17 (3) A health maintenance organization or limited service health
- 18 maintenance organization that holds a certificate of authority to
- 19 operate under IC 27-13.
- 20 (4) An insurance administrator ~~who holds a certificate of~~
- 21 ~~registration issued that is licensed~~ under IC 27-1-25.
- 22 (5) An individual qualified and acting as an expert witness under
- 23 the Indiana Rules of Trial Procedure.
- 24 (6) A person who engages in the prospective, concurrent, or
- 25 retrospective utilization review of health care services.
- 26 (7) A person who engages in the identification of alternative,
- 27 optional medical care that:
- 28 (A) requires the approval of the enrollee or covered individual;
- 29 and
- 30 (B) does not affect coverage or benefits if rejected by the
- 31 enrollee or covered individual.
- 32 (8) An individual who is a licensed health care provider who
- 33 makes a recommendation or provides consultation concerning the
- 34 appropriateness of health care service. However, this exception
- 35 does not apply if the individual:
- 36 (A) makes any recommendations or provides consultation
- 37 concerning the amount charged for a health care service
- 38 delivered in Indiana;
- 39 (B) makes any recommendations or provides consultation
- 40 concerning the appropriateness of hospital services provided
- 41 by a hospital licensed under IC 12-25 or IC 16-21;
- 42 (C) is employed by or under contract with an entity that is

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required to be registered under this chapter; or
 (D) has received more than five thousand dollars (\$5,000) in
 compensation during the present calendar year for providing
 consultation services concerning the appropriateness of health
 care services delivered to enrollees in Indiana.

(9) A claim review agent under section 1 of this chapter.

SECTION 24. IC 35-43-5-1, AS AMENDED BY P.L.180-2001,
 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2003]: Sec. 1. (a) The definitions set forth in this section apply
 throughout this chapter.

(b) "Claim statement" means an insurance policy, a document, or a
 statement made in support of or in opposition to a claim for payment
 or other benefit under an insurance policy, or other evidence of
 expense, injury, or loss. The term includes statements made orally, in
 writing, or as a computer generated document, including the following:

- (1) An account.
- (2) A bill for services.
- (3) A bill of lading.
- (4) A claim.
- (5) A diagnosis.
- (6) An estimate of property damages.
- (7) A hospital record.
- (8) An invoice.
- (9) A notice.
- (10) A proof of loss.
- (11) A receipt for payment.
- (12) A physician's records.
- (13) A prescription.
- (14) A statement.
- (15) A test result.
- (16) X-rays.

(c) "Coin machine" means a coin box, vending machine, or other
 mechanical or electronic device or receptacle designed:

- (1) to receive a coin, bill, or token made for that purpose; and
- (2) in return for the insertion or deposit of a coin, bill, or token
 automatically:
 - (A) to offer, provide, or assist in providing; or
 - (B) to permit the acquisition of;
 some property.

(d) "Credit card" means an instrument or device (whether known as
 a credit card or charge plate, or by any other name) issued by an issuer
 for use by or on behalf of the credit card holder in obtaining property.

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(e) "Credit card holder" means the person to whom or for whose benefit the credit card is issued by an issuer.

(f) "Customer" means a person who receives or has contracted for a utility service.

(g) "Entrusted" means held in a fiduciary capacity or placed in charge of a person engaged in the business of transporting, storing, lending on, or otherwise holding property of others.

(h) "Identifying information" means information that identifies an individual, including an individual's:

(1) name, date of birth, Social Security number, or any identification number issued by a governmental entity;

(2) unique biometric data, including the individual's fingerprint, voice print, or retina or iris image;

(3) unique electronic identification number, address, or routing code;

(4) telecommunication identifying information; or

(5) telecommunication access device, including a card, a plate, a code, an account number, a personal identification number, an electronic serial number, a mobile identification number, or ~~other~~ **another** telecommunications service or device or means of account access that may be used to:

(A) obtain money, goods, services, or any other thing of value; or

(B) initiate a transfer of funds.

(i) "Insurance policy" includes the following:

(1) An insurance policy.

(2) A contract with a health maintenance organization (as defined in IC 27-13-1-19).

(3) ~~An administrator contract~~ **A written agreement** entered into under IC 27-1-25.

(j) "Insurer" has the meaning set forth in IC 27-1-2-3(x).

(k) "Manufacturer" means a person who manufactures a recording. The term does not include a person who manufactures a medium upon which sounds or visual images can be recorded or stored.

(l) "Make" means to draw, prepare, complete, counterfeit, copy or otherwise reproduce, or alter any written instrument in whole or in part.

(m) "Metering device" means a mechanism or system used by a utility to measure or record the quantity of services received by a customer.

(n) "Public relief or assistance" means any payment made, service rendered, hospitalization provided, or other benefit extended to a person by a governmental entity from public funds and includes poor

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1 relief, food stamps, direct relief, unemployment compensation, and any
2 other form of support or aid.

3 (o) "Recording" means a tangible medium upon which sounds or
4 visual images are recorded or stored. The term includes the following:

5 (1) An original:

6 (A) phonograph record;

7 (B) compact disc;

8 (C) wire;

9 (D) tape;

10 (E) audio cassette;

11 (F) video cassette; or

12 (G) film.

13 (2) Any other medium on which sounds or visual images are or
14 can be recorded or otherwise stored.

15 (3) A copy or reproduction of an item in subdivision (1) or (2)
16 that duplicates an original recording in whole or in part.

17 (p) "Slug" means an article or object that is capable of being
18 deposited in a coin machine as an improper substitute for a genuine
19 coin, bill, or token.

20 (q) "Utility" means a person who owns or operates, for public use,
21 any plant, equipment, property, franchise, or license for the production,
22 storage, transmission, sale, or delivery of electricity, water, steam,
23 telecommunications, information, or gas.

24 (r) "Written instrument" means a paper, a document, or other
25 instrument containing written matter and includes money, coins,
26 tokens, stamps, seals, credit cards, badges, trademarks, medals, retail
27 sales receipts, labels or markings (including a universal product code
28 (UPC) or another product identification code), or other objects or
29 symbols of value, right, privilege, or identification.

30 SECTION 25. THE FOLLOWING ARE REPEALED [EFFECTIVE
31 JULY 1, 2003]: IC 27-1-18-5; IC 27-1-25-11; IC 27-1-25-12.

32 SECTION 26. [EFFECTIVE JULY 1, 2003] **(a) An administrator**
33 **that has a certificate of registration issued under IC 27-1-25, before**
34 **amendment by this act, on June 30, 2003, is considered to be**
35 **licensed under IC 27-1-25, as amended by this act, until the**
36 **expiration of the certificate of registration.**

37 **(b) This SECTION expires June 30, 2006.**

38 SECTION 27. An emergency is declared for this act.

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